

Radiologic, Endoscopic and Functional Patterns in Patients with Symptomatic Gastroesophageal Reflux Disease after Roux-en-Y Gastric Bypass



Y. Borbély, P. Nett, D. Kröll, P. Moreno, , R. Tutuian, J. Lenglinger

Clinic for Visceral Surgery and Medicine, University Hospital Bern, Inselspital, Bern, Switzerland

Introduction

Roux-en-Y gastric Bypass (RYGB):

- gold standard in treatment of morbid obesity and Gastroesophageal Reflux Disease (GERD)
- resolution of GERD-Symptoms around 85-90%
- data on evaluation for persistent GERD after RYGB scarce

Methods

- patients with a history of RYGB evaluated for persistent GERD between 01/12 and 12/15
- assessment with questionnaires, endoscopy, 24h-pH-impedance-manometry and barium swallows
- values are medians with range (min-max)

Conclusion

- **evaluation for persistent GERD after RYGB revealed:**
 - high percentage of **hiatal herniae, hypotensive LES and severe esophageal motility disorders**
- findings might have an influence on:
 - hiatal hernia closure concomitant to RYGB
 - role of pH-manometry in the preoperative bariatric assessment

Results

Demographic data

- 47 patients, 27 female (57.4%), age 36.5y (19.1-67.2)
- time after RYGB 3.8y (0.6-12.6)
- BMI 30.3 kg/m²(20.3-47.2), total weight loss 34.4% (14.2-56.7), excessive BMI loss 74.6% (27.4-123.8)
- S/p AGB 15 (32%), sleeve gastrectomy 2 (4.3%)

Endoscopic evaluation

Esophagitis LA grade		evolution	
• ≤ B	19 (40%)	improved	19 (41%)
• ≥ C	5 (11%)	constant	14 (30%)
• Barrett	7 (15%)	worsened	13 (28%)

Functional evaluation

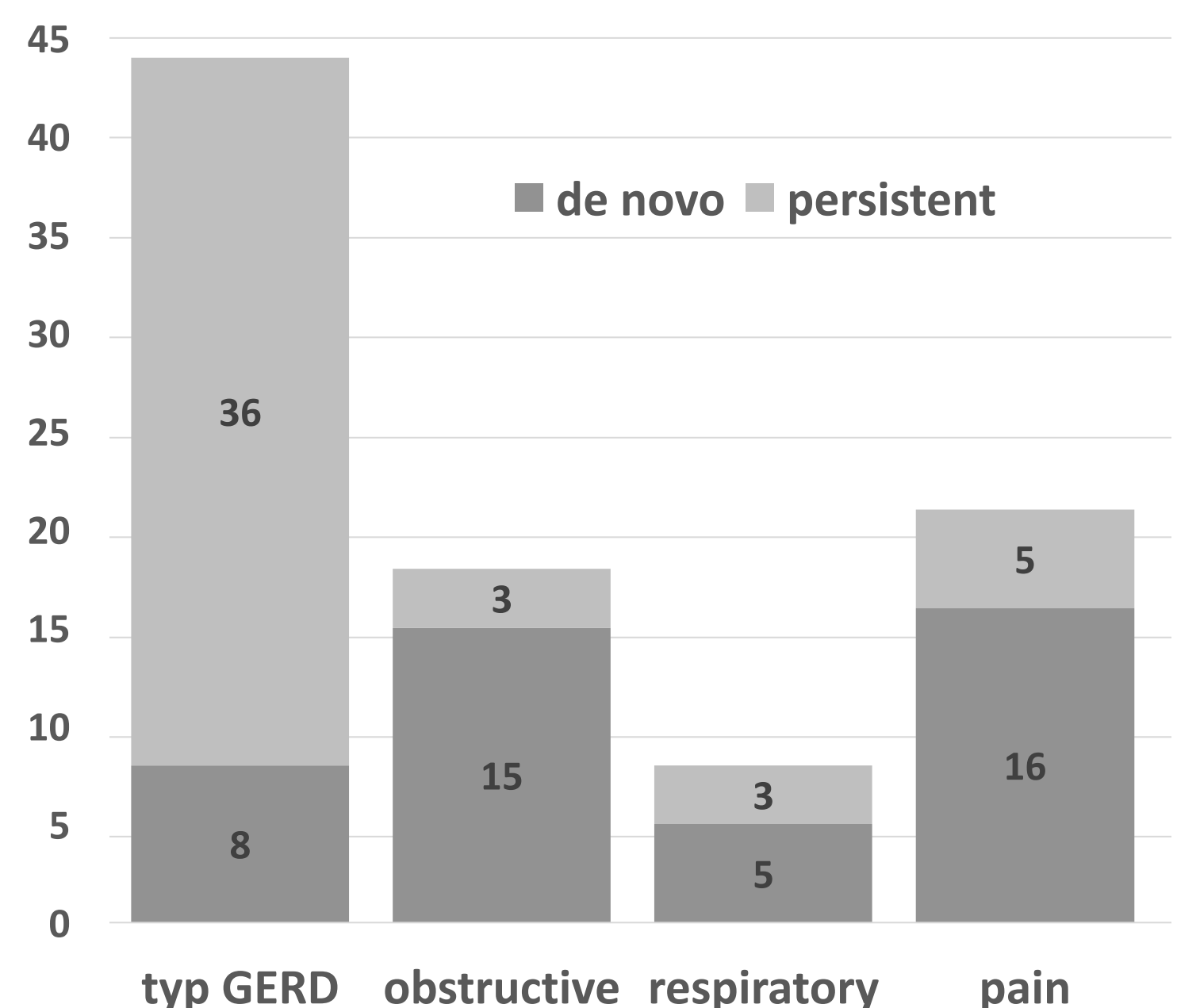
24h-pH-impedance-metry (n=44)

- abnormal acid exposure (>4% pH<4) 27 (61%)
- >60 reflux episodes in 24h 30 (68%)

manometry (n=45)

- hypotensive LES 26 (58%)
- absent contractility 8 (18%)
- ineffective motility/fragmented 9 (20%)

Symptoms



Radiological evaluation

- pouch-gastric fistula 2 (4%)
- Pouch width >6cm 5 (11%)

pie chart depicting prevalence of hiatal herniae in patient population (PEH paraesophageal hernia)

